

**Vaccination Activity at Non-Clinic Setting under Vaccination Subsidy Scheme (VSS)
Vaccination Report (On Vaccination Day)**

Please check and fax or email this form to the Programme Management & Vaccination Division of the Centre for Health Protection (Fax number: **2713 9576** / Email Address: cra_vs4@dh.gov.hk) **within 7 days after completion of each vaccination activity.**

A. Information of outreach vaccination visit and activity organiser			
Name of Enrolled Doctor		Service Provider ID	
Name of Medical Organisation			
Name of Organiser			
Date of Vaccination			
B. Vaccine Type (Put a “✓” as appropriate)			
<input type="checkbox"/> Inactivated influenza vaccine (Injectable) (IIV)		<input type="checkbox"/> Live-attenuated influenza vaccine (Nasal Spray) (LAIV)	
<input type="checkbox"/> 23-valent pneumococcal polysaccharide vaccine (23vPPV)		<input type="checkbox"/> 13-valent pneumococcal conjugate vaccine (PCV13)	
<input type="checkbox"/> 15-valent pneumococcal conjugate vaccine (PCV15)		<input type="checkbox"/> Others, please specify: _____	
C. Number of Persons Vaccinated			
Estimated total no. of persons before vaccination day			
Total no. of persons vaccinated*	IIV:	(2 nd Dose: _____)	
	LAIV:	(2 nd Dose: _____)	
	23vPPV:	_____	
	PCV13:	_____	
	PCV15:	_____	
	Others (please specify):	_____	

*Counting (i) actual no. of vaccinated people on vaccination day (may vary from the no. of persons consented) and (ii) the no. of children, if any amongst all, aged under 9 and vaccinated with 2nd dose in this vaccination activity.

Fill in by **Organiser**

Fill in by **Doctor**

Fill in by **Medical Organisation**

(Official Stamp)

Signature _____ Signature _____ Signature _____

Name _____ Name _____ Name _____

Date _____ Date _____ Date _____

Contact No. _____ Contact No. _____ Contact No. _____